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County Cledenic Village or City Fledenic Village or City Fledenic Village or City Fledenic Viscouried Course Viscourie Viscour	Registration Dist. No. St., Ward (If death occurred in a hospital or inefficution, give its NAME instead of street and number) nos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U. S. If of foreign birth?
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS (A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) f married, wildowed, or divorced HUSBAND of	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS (A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) f married, wildowed, or divorced HUSBAND of	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) of married, widowed, or divorced HUSBAND of	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 1936 (Year) 22. HEREBY CERTIFY, That I attended deceased from
PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE OR DIVORCED (write tha word) f married, widowed, or divorced HUSBAND of	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) f married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from
or DIVORCED (write tha word) f married, wildowed, or divorced HUSBAND of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of	
ATT OF RIRTH (month day and year) June 30 -1936	19
GE Years Months Days If LESS than	to have occurred on tha date stated ebove, atm.
7 O 1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	14-11
10. Data deceased last worked at this occupation (month and spent in this	Sull Form
BIRTHPLACE (city or town) Tederalsburg	Other Centributery Causes of importence:
d cl l. (N	-
13. NAME long Cowards Jauno	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIDEN NAME Sald ON Her a Sur	What test confirmed diagnosis? Was there an eulopsy? 23. If death was due to external causas (VIDLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Whera did injury occur?
NFORMANT Glorge Edyards Claance (Address) Federalsburg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Hedroleburg Ned Date July 193	Manner of Injury
INDERTAKER Leorge Edwards Clams	24. Was disease or injury In any way related to occupation of deceased?
THEO July 1 10 36 has M Hastings	(Signed) Chas W. Hashings, Pegisleses, (Address) Keinvert Md.
1 1 1 1 1 1 N	SE Years Month's Days If LESS than 1 day,hr 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 10. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 111 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. GAUSE OF DEATH in plain terms, so that it may be properly classified. THON is very important. See instructions on back of certificate. mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE O	F MARYI	AND-CEF	RTIFICATE	OF	DEATH
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6135

1. PLACE OF DEATH	97)
County Dorchester	Registration Dist. No. 11
Village of City Cambridge	Neastern there State Hongseta Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Louis n. anderso	If U. S. Veteran, specify WAR
(a) Residence No. Confusion (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. Male White Married (word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Buffon	22. THEREBY CERTIFY. That I attended deceased from april 17 1936, to the 30 7 1936
6. DATE OF BIRTH (month, day, and year) 4 2 3 rd / 85/	I las saw h inalive on 1907, 1986; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at LYX J. Q.A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Cerebrafarterio selerano alva
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) 11. Tota time (year) year) year)	
12. BIRTHPLACE (city or town) Programme Advances (State or country)	Other Contributory Causes of Importance:
13. NAME Francis mandered	
13. NAME Transis M. Andres	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?_//&.
15. MAIDEN NAME Shall by 15. MAIDEN NAME (city or town). Philade plice. (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANEASTER Share State Hook Regards	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO Place	Manner of Injury
19. UNDERTAKER Frank & allowyd (Address) Construdge my	24. Was disease or injury-in any way related to occupation of deceased?
20. FILED 6-30, 1936 gran mens	(Signed) (Address) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	The same of the sa	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 193	1915	Attack of epilepsy	1 week ago
Company to many and an emphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	Part of the same o		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_________mos. PHYSICIANS Length of residence in city or town where deeth occurred. statement Still Born If U. S. Veteran, specify WAR ... (a) Residence: No. RECORD (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of EX 6. DATE OF BIRTH (month, dev. and year) certificate. properly 7. AGE If LESS then Months Days stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. be Jo may back . Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased lest worked at 11. Totel time (years) this occupation (month and spent in this that instructions occupation ____ Other Contributory Causes of Importance: 80 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME See 14, BIRTHPLACE (city or town) Neme of operation____. (State or country) be carefully What test confirmed diegnosis?_____ Was there an autopsy?_ MOTHER important. in 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ____ Man ___ Date of Injury_____ DEATH 16. BIRTHPLACE (city or town WRITE PLAINE (Stete or country) Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very 17. INFORMANT OF (Address) 18, BURIAL, CREMATION, OR REMOVA Manner of injury ____ S CAUSE mation NOIL Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?____ 19. UNDERTAKER (Address) If so, specify B (Signed)_

(Address) __ O. La If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and prof importance were as follows:	elated causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	UL 7 193 1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of impor	rtance:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

-WRITE PLAN

V. S. No. 1

item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(n)
County Workelet	Registration Dist. No. 110
Village or City Herlock	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME Marths & Bell	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Marth) (Day) (Year)
(or) WIFE of E. J. Bell	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast you have allva on May 3/ 193 Odeath Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at,,
86 6 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATh and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral emballant
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occuration (month and	and throwns
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decessed lest worked at this occupation (month and year) year)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Carries. P. Wheatley	
13. NAME Carries IV. Wheatley 14. BIRTHPICE (city or town)	Name of operation Data of Data
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 6 lina Struit	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 6 Liga Struct	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carnel Sell	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hurling Date June 3, 1936	Nature of injury
19. UNDERTAKER TO Willow they (Address)	24. Was disease or injury in enystay related to occupation of deceased?
1 22 11/2/1/	If so, specify (Signad) M.O.
20. FILED June 1986 Chas W. Habling	(Address) Bullock Pull

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death-and-related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6138
1. PLACE OF DEATH	22
County Worshesler	Registration Dist. No. 1/6
Village or City To the Cambrid	lac No. and strell a md . 545t., Ward
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Codward Bestki	Tell If U. S. Veteran, specify WAR 09X
(a) Residence: No. Hurlack, fra	L. St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF COLON WIFE OF PORCES	22. HEREBY CERT FY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Puly 16 19	I lest sew have alive on Jerus 1 10 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above at
19 11 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER June & Briver SAWYER, BOOKKEEPER, etc.	Le an Can to A Pill
9. Industry or business in which	maddle Luck Luck Luck 12. 19 H
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this occupation)	alite delames fue 15 31
12. BIRTHPLACE (city or town) 2	Other Contributory Causes of Importance:
(State or country)	
13. NAME your Destpetale	
14. BIRTHPYACE (city or town)	Name of operation Two Date of Date of
(State of country)	Whet test confirmed diagnosis? Churchel Was there en autopsy?
	23. If death was due to external couses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Accident. Date of injurious 1.2., 19.36
16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur? East new market, red.
17, INFORMANT Mandall Layre	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL A T	than the
Place Gast Just Mark Date Jung 2503	Manner of injury the saled well while thanging the Neture of injury the largention of Ry made for
19. UNDERTAKER J. 13. Willoughly	24. Was disease or injury in any way related to occupetion of deceased?
(Address)	If so, specify dynaed while at world
20 FILED 6 - 20 , 193 John Mary Registrar.	(Signed) A Walle M. Fur M. D. (Address) (Cambridge Ned.
If more blanks are needed, address State Registra	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	1 (0)	
Compolares -	W. D. Veckwood	
	East New Market, Me	

Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1:	1	3	1	ì
U	1	0	0	7

1. PLACE OF DEATH	(24)
County Duchestu	Registration Dist. No. 1/6
Village or City Length of residence in city or town where death occurred. 20 yrs. 3 mos 2. FULL NAME (a) Residence: No. 2	No. St. Ward
Langth of residence in situ or town where death arranged 2/4 2/4	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long In U.S. if of foreign Both?
2. FULL NAME annu Chingui	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	19 193 6
54. If marriad, widowed, or divorcad	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(d) mil vi	June 13 ,1926, to June 19, 1921
6. DATE OF BIRTH (month, day, and year) april 15- 1921	Vast saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at 1:00 p-m.
3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8 Trada, profession, or particular	agut Dubereulan Municitis 6.1-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	aute Ententi 6.1-36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month end	
SAW MILL, BANK, etc	
this occupation (month end 19 34 spent in this occupation	
0 41.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
EL 13. NAME Sames Sukson	
E	
14. BIRTHPLACE (city or town)	Name of operation Date of Date
E 15. MAIDEN NAME TONS CASSASS	What test confirmed diagnosis? Was there an autopsy?
H A A	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
Stata or country)	Accident, suicide, or homicide? Date of Injury, 19
9 1	(Specify city or town, county and State)
17. INFORMANT CAMPA EH CAMPA	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cambridge, Mate June 22, 1936	Nature of Injury
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	24. Was diseese or injury In any way related to occupation of decaased?
19. UNDERTAKER Lewis C. Bayrelline (Address) Cambridge Cond.	If so, spacify
6-72, 36 9-1	(Signed) Carroll Ast Clan M.D.
20. FILED Registrar.	(Address) Tule of
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEAT	TATE O	OF MARYLAN	ND-CERTIFICATE	OF	DEAT
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6	1	1	11
0	.1	- 1	17

1. PLACE OF DEATH	107	X 17
county Drichista Co	Registration Dist. No. //	
Village or City Cambulge	NoSt.,	_Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number street. How long In U.S. if of foreign birth?yrsmos	t)
Ω Ω Ω Ω Ω		
2. FULL NAME dillian Unidia Co	WITHIN CORPORATE LINE	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Agnole Colony single	(Month) (Day) (Y	Year)
5a of married, widowed, or divorced HUSBANO of	U = -	
(or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceses	ed from
6. DATE OF BIRTH (month, day, end year) Dehman 181936	1 120 31	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular		of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchopmumon 6.	26.31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	. /	
Off man, british to the second	Premary bronche of semonial Cweek	
O 10. Oate daceased last worked at this occupation (month and year) year)	not preseded by an infectious sissenses	
C - 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME James Comich	*	
13. NAME Comish 14. BIRTHPLACE (city or town) Bucktown (State or country)	Name of operation. Date of	
(State or country) Downster a my	Whet test confirmed diagnosis? Lancad Was there an autopsy	27~
15. MAIOEN NAME Matiral Ours	23. If death was due to externel causes (VIOLENCE) fill in also the following:	1
15. MAIOEN NAME That I have the second of th	Accident, suicide, or homicide? Date of injury	19
(State or country)	Where did Injury occur?	
17. INFORMANT Matirae Comish	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 5 V Day New St		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cate July 0,195	Nature of Injury	
19. UNDERTAKER Lewis St. Dayseum	24. Was disease or injury In eny way related to occupation of deceased?	
(Address) Cambridge Ind	If so, specify	
20. FILED 7-3 ,1936 plays month	(Signed) Carroll That Car	M. D.
Registrar.	(Address)	
ij more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II		
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUL 7 190	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PURFAII V.	S. July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYI AND-CERTIFICATE OF DEATH

PHYSICIANS should state item of infor-Exact statement of OCCUPA. -WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.

1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. 116
Villago pr City De Landage	No Cambo del Marvaria St Ward
Village of City and Country of the C	death occurred in a hospital openstitution, give its NAME instead obstreet and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in O.S. If of foreign birth?dsds.
2. FULL NAME Davis Cyrus A	If U. S. Veteran, specify WAR
(a) Residence: No. Phodes Hale	St. Ward. Maryland
Usual place of abode)	If nonresident give cife or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH
m w sinced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Viola f. Viest	april 136 to June 7 1936
7	Hast saw ham alive on Sunce 2 19 %; death Is said
6. DATE OF BIRTH (month, day, and year) November 26 /860 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 252 A.m.
1 6 -1 m lday, &_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
68 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Cara, Sura 2 Liver Zucker
9. Industry or business in which	Carcindilla J Liver Mikes
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) — Securities 1935 — spent in this 40900 occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Vergueia	mited moutaring
(State or country)	artie Insufficiency &
13. NAME Thomas Davis	Chronice Saterathal highested langer
13. NAME Thomas Wavis 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Virginia	What test confirmed diagnosis? Was there an autopsy? Z
15. MAIDEN NAME Mary Idagare	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Agast 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homlcide? Date of injury, 19
State or country)	Where did injury occur?
millie Dhavis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Address) Easter, Maryland	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cambridge, And Date June 4 1936	Nature of injury
10 HADESTANES To Manch	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20 FILED 6- 4 1936 arms would	(Signed) A. J. Mureuer M. D.
20. FILED Registrar.	(Address) toansbridge Ind.

UIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	fi	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interstitial nephrilis		1915 1921	Attack of epilepsy	1 week ago	
			Run over by street car		
Cerebral hemorrhage 311 7 1925		July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

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CAUSE OF DEATH in plain terms, so that it may

NON is very important.

mation should be carefully supplied.

AGE should be

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEATH	JI MAIL		6142
County Darchester				Registration Dist. No. // 6
Village Dr City Cumbridge				ND Carehistat - Und Hashital St., Ward
Length of rasid	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth? N _{tN} -yrsmosds.
2. FULL NAM	2 1 2	_	How	If U. S. Veteran, specify WAR
(a) Residence				Ct Word X 1479
		(Usuai place		If nonresident give city or town and State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
s. SEX Male	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED; WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH (Month) (Day) (Year)
a. 11 married, widowe HUSBAND o1	ed, or divorced	1		
(or) WIFE o1		V		22. I HEREBY CERTIFY That I attended deceased from May 14 ,19 26 , to June 27 , 19 3 4
6. DATE OF BIRTH (month, day, end year) (Y	kay 14-	1936	I last saw h alive on 27_, 19_36; death is said
7. AGE Year	rs Months	Days	If LESS than	to have occurred on the date stated above, at 1212 P.m.
		13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profes	sion, or particular ork done, as SPINNER,			7
SAWYER,	BODKKEEPER, etc			(remature berth (Justo).
9 Industry or 1 Work was	business in which done, as SILK MILL, L, BANK, etc			
	L, BANK, etc ed last worked at	11. Total ti	me (years)	
this occup	pation (month and	sper	ntinithis	
				Other Contributory Canses ol importance:
12. BIRTHPLACE (cit: (Stata or coun	y or town) Sause	lo_		godel condition indetermined
13. NAME 70	0 - 10			- Syach Commen under unit
	T OP	5- C		
14. BIRTHPLACE		0. 0		Name of operation
15. MAIDEN NAI		D A		What test confirmed diagnosis? Was there an autopsy?
	L	Pulary	0	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE	(city or town)	toro la	<u> دسیه</u>	Accident, suicide, or homicide? Date of injury
7		7		Where did injury occur? (Specify city ot town, county and State)
17. INFORMANT	Taylus Is	1-0		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jaylung Talona 18. BURIAL, CREMATION, OR REMONAL				Manner of injury
Place ay loss believed Date June 9, 1936				Natura of injury

19. UNDERTAKER DYNOUL MUNICION				24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	Church Gr	7 mi	n n	11 so, specily
20. FILED 6	29,1936 9	our n	Registrar.	(Signed) Combined M. D. (Address) Combined D. M.D.
	If mor	re blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1111 7 1020	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:	15 A	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state -WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. should be be CAUSE OF DEATH in plain terms, so that it may AGE mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1.	. PLAC	E OF DEAT	TH			(3)	
	Count	y Dor	chester			Registration Dist. No. 116	5
	Village or City Cambridge					No. 22 School House Lane. St.	Ward
				7		death-occurred in a hospital or institution, give its NAME instead of street and	number)
	Length	of residence in cit	y or town where	death occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2	. FULL	NAME	Stil	lborn En	nalls	• St., Ward. If U. S. Veteran, specify WAR. **ITHIN CARPONIA	
	(a) R	esidence: No.	22 S	chool Ho	use Lane	• St., Ward.	472
100	(-)			(Usual place	of abode)		d State MIT
	PER	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)			5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH		
1	nale	co.	lored	sing	Le	June, 25th (Month) (Day)	(Year)
5a.	If married HUSBAN	, widowed, or divo	_			22, 1 HEREBY CERTIFY, That I attended	I deceased from
	(or) WIF		Sing	le			
				- 05	7056	Not of oll	: death is said
7. /		BIRTH (month, day Years	(, and year) Months	June, 25	5th 1936	to have occurred on the date stated above, at Stillborn.	, 000111 13 3010
1. 2	IGE.			Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	0.7.1		llborn		ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc					Stillborn -6 months		
OCCUPATION	9 Indus	stry or business in	which			(Cause unknown)	
d n	W	ork was done, as S AW MILL, BANK, e	SILK MILL,	X		Signed as Local Registrar	
S.	10. Date	deceesed last wor	ked at		me (years)	Digited as rocar621201er	
this occupation (month and XX spent in this X occupation occupation							
12 BIRTUPLACE (city or town) Cambridge,			ridge.		Other Contributory Causes of Importance:		
(State or country) 12. BIRTHPLACE (city or town) Maryland.				rland.			
22						1	
FATHER				Thompsto	own.	Name of operation None Dete of	
FA		HPLACE (city or to State or country)	own)		yland.	What test confirmed diagnosis? Clinical Was there an	
2	,		ine Enn	alls			
MOTHER	IJ. WATE	PER NAME		Linkwood	l,	23. If deeth was due to external causes (VIOLENCE) fill in also the following	
MOM		HPLACE (city or to)wn)	Maryla	and.	Accident, suicide, or homicide?	1J
	- (State of Country)					Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT Janie Ennalls (Address) Cambridge Md.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.	
18		CREMATION OR F	IDTIGE	,		Manage of talling	
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 6/29/36 19			· Date 6/2	29/36 19	Manner of injury		
	11000					Nature of injury	
19.				Bayneum.		24. Was disease or injury in any wey related to occupation of deceased?	no
	(Addı	ress) Cal	mbridge	, Maryla	and	If so, specify	-
20.	20 FILED 6/29/36 19 Fellers march 2				en for	(Signed) 24 Race Street Cam	b.Md.
			1		Registfar.	(Address) LT Itale Bullet, can	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example CEIVE	D	Example II	
The principal cause of death and related causes of importance were as follows: JUL 7 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATIETIOSCIETOSIS	1910 1	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BURFALLY. S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	11149 2,1000	Control of the Contro	1 getti

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Dorchester	Registration Pist. No. 116
Village or City asubouly Maryland	A A
Vinage of City asserts of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	death secured in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Baker girl Georg	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W10 OWED, OR DIVORCED (with the word)	21. DATE OF DEATH
strange While dangle	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY, that I ettended deceased from
A 1 1 9 3 4	Hast saw have elive on 1936; death is said
6. DATE OF BIRTH (month, day, end yeer) , 1936 7. AGE Yeers Months Oays If LESS than	to have occurred on the date stated above, at
1 day,_12_hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S'Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
A. Industry or business in which	There baby -
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and spent in this	Coheratory Julien 5-1-36
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Campide	Office Controllery Causes of Importance.
(State or country)	(oucoutal / Lues
13. NAME July Holling Small Kann	
13. NAME Holling Holling the Karry 14. BIRTHPLACE (gry or town) Eastern	Name of operation Qate of
(State or country)	What test confirmed diagnosis? Classed Was there en autopsy? No
15. MAIDEN NAME Parline Rathern . 16. BIRTHPLACE (city or town) Cambridge . (State or country)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT. Drus Front Katham	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Case And	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cambridge md phe June 2, 1936	Nature of injury.
19. UNDERTAKER Trank E. Alband	24. Wes disease or injury in eny wey related to occupation of deceased?
(Address)	If so, specify
20 FUED 6 - 2 136 Some Twow &	(Signed) Wyle II Face M.D.
20. FILEO Registrar.	(Address) . Combredge Wel
	W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 10

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance: Gastroenteritis	1 year
The state of the s	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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CAUSE OF DEATH in plain terms, so that it may be

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certificate.

See instructions on back of

Exact statement of OCCUPA.

item of infor-

V. S. No. 1 Ä

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County Dorchester	Registration Dist. No. II6
Village or City Cambridge, P. 7. 8 # 3	No. X St. Ward
(II)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Oneida Hubbard Harding	If U. S. Veteran, specify WARQ NO.
^	Z SSt., X Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Married	21. DATE OF DEATH June 27th 193 6 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of D'Arcy Harding	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4/II/I9II	Mast saw her alive on June /2 4 , 19 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30.A.M.
25 2 I6 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, House Work SAWYER, BOOKKEEPER, etc	Lulmonery tuheveulour?
12. BIRTHPLACE (city or town) Hudson, (State or country) Md.	Other Contributory Causes of importance: Prouchial asthma 7
3. NAME Ernest Hubbard	
14. BIRTHPLACE (city or town) Dorchester Co (State or country) Md.	Name of operation Date of Date of What test confirmed diagnosis? Church Was there an autopsy? No.
15. MAIOEN NAME Nellie J. Bennett	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dorchester Co. (Stata or country) Md.	Accident, suicida, or homicide? ————————————————————————————————————
17. INFORMANT Mrs Ernest Hubbard. (Address) Hudson, Md.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLACE AMBRICAGE, Md. Oate 6/30/36, 19	Manner of injury
19. UNDERTAKER Granville S. LeCompte (Address) Cambridge Maryland. 20. FILEO 6 - 30, 1936 Registrat.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
AUAU	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
The state of the s	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

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mation should be carefully supplied.

B.—WRITE PLA

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

MAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	7	1	15
U	A	T	()

1. PLACE OF DEATH	(73)
County Deschister	Registration Dist. No
Village or City Cambudge	NoSt., Ward
Length of residence in city or town where death occurred 28 yrs. 7 m	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME ardella Louise Au	TITHIN CORPORATE LIMITE OF
(a) Residence: No. 3/3 Gim (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 6 , 193 6
5a If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That ! attanded deceased from
A. + 1/2 10 am	11 1921, to Jun 21, 1931
6. DATE OF BIRTH (month, day, and year)	last saw h alive on 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the data stated above, at 12.40 e.m.
20 9 11 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc As described to the second se	Antmonery Inhumbais 12.1.34
SAWYER, BOOKKEEPER, etc.	Meningitis Duperculaus - 6-13-36
work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased test worked at 11. Total time (years)	
this occupation (month and 934 spent in this year) occupation	
12. BIRTHPLACE (city or town) Combudge	Other Centributery Causes of importance:
(State or country)	
13. NAME Edward Harris	
14. BIRTHPLACE (city or town) Cambudge & (
[State or country]	Nama of operation
I IS. MAIDEN NAME Ella Gerry	What tast confirmed diagnosis? Was there an autopsy?
H	23. If death was dua to external causas (VIOLENCE) fill in also tha following:
State or country)	Accident, suicide, or homicide? Dala of Injury, 19
800	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COLL FACTOR	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	W
Place Bethel Cemetery Date June 28 1936	Manner of Injury
Itm Sept.	Nature of injury
19. UNDERTAKER / 308 Miles St Cumbridge Miles	24. Was diseasa or injury In any way ralated to occupation of deceased?
(Muliess) 208 / Cult of Cumpring Mil	If so, specify
20. FILED 6 - 21, 1936 Tolan more	(Signed) M. D.
Registrar.	(Address) Com

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis , 111 7 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6147
1.	. PLACE OF DEATH	93.0
	County Macketelle	Registration Dist. No. // Z
	Village or City / lenna,	NoSt.,War f death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city of town where death occurred mos.	
2	FULL NAME Caroline 17, 3	tilele +
-	(a) Residence: No. Userma mal	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a.	If married, widowed, or disporced HUSBANO of (or) WIFE of	22. THEREBY CERTIFY That i attended deceased fr
-	(d) WIE di Cal Volta	June /9 ,1036, to June 30 ,1036
6. I	DATE OF BIRTH (month, day, and year) Level 17 /8 V	I last saw he calive on June 190, 1936; death is s
7. A	AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
	// // Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of or
ATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrinic Muyo Cardiles /93
L	9 Industry or business in which work was dona, as SILK MILL.	Lenevaliza i (felecco cleroses
밍	work was dona, as SILK MILL, SAW MILL, BANK, etc	-
8	this occupation (month and spont in this year) occupation	
	BIRTHPLACE (city or town) On ol	Other Contributory Codes of importance;
12.	(State or couply)	Oldenny / N/9
HER	13. NAME & elglimay Hackett	
FATH	14, BIRTHPLACE (city of town)	Name of operation Oate of Oate of
_	(State or country)	What test confirmed diagnosis? Jucal Was there an autopsy?
HER	15. MAIOEN NAME Warrand adams	23. If death was due to external causes (VIOLENCE) fill in also tha following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
Σ	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT / em / detent	Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLACE.
18.	BURIAL, CREMATION OR REMOVAL	Manner of injury
	Placa Date July 3, 193	Nature of injury
19.	UNDERTAKER AH Willowghly	24. Was disease or injury in any way related to occupation of deceased? NO
1	(Address) Set un Markett	If so, specify
20.	FILEO July 3, 1986 Elizabeth M. Wash	(Signed) W Jenning mo, (Address) Flaw alsteing mo,
egene.		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I)	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLANI CERTIFICATE OF DEATH County Registration Dist. No. // -(If death occurred in a hospital or institution, give its NAME instead of number.) CAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEAT WIDOVED (Day) may OR DIVORCED (Write the word) attended the 6 DATE OF BIRTH ms so that instructions ö (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than I day hrs.ds. or min. ? SOCCUPATION RESERVED (a) Trade, profession of particular kind of work... ā (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 11 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER N Accidental, Suicidai or House (State or country) 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER yrs..... mos. da. State.....yrs.....mos.....da. (State or country) hould Where was disease contracted, if not at place of death?..... (1) usual residence. CIAN 19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL 20 UNDERTAKER ADDRESS Filed σż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up ou account of the DISEASE CAUSING BEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciun, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to caeh and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (reid state occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, or At Home, and children, not gainfully binhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many tired 6 yrs.). Housemaid, etc. If the occupation has been changed. Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou For persons who have no occupation -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

cas probably such, if impossible to determine definitely. Tread jure train-accident; Revolver wound of head-homicide; Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the and qualify as Accidental, Suicidal, or Homicidal, or inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatie), "Atrophy," "Collapse," "Coma," "Coneonditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ueoplasms); (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weaknes:," etc., when a definite disease taken. For violent duaths state means of injury (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conseof "contributory." (Rreommendations on state-"Debility" ("Congenital," "Scnile," etc.), Example: Measles (discase Mcaslcs; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every TION is very important. See instructions on back of certificate. B.-WRITE PLA V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Laz.	Registration Dist. No. 116
Village or City Cambridge	NoSt, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Wee F) Hosticis	ds. How long in U.S. If of forelign hirth? yrs. mos. ds.
	LIM how one
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Thate tolard married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(ac) HIFE OF Josephine Hostins	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thus 14 1873	I fast saw h alive on I y 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:30 m.
63 / 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation caupation for the spent in this occupation for the spent in the s	
12. BIRTHPLACE (city or town) LORS CO.	Other Coutributory Causes of importance:
(State or country)	
13. NAME Were) toskins	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Climal Was there an autopsy
15. MAIDEN NAME Trans	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Trang Collects 16. BIRTHPLACE (city or town) Doubles Co.	Accident, suicide, or homicide?Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Comma Burnauch	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 1 0 A C	11.25
Place Cambridge Sale 6-21 19 36	Manner of injury
14 m St 12 m	Nature of injury
19. UNDERTAKER 108 Miles St Cumbridge MA	24. Was disease or injury in any way related to occupation of deceased?————————————————————————————————————
1-9. 21 0-1.	(Signed) Caspoll Value M.D.
20. FILEO G., 193 6 C. Mary March Registral.	(Address) In the st Confind
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, nainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Charles to a graduate an		Example II		
The principal cause of of importance were as fe	leath and related	ed causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUL 7	7 1930	1915	Attack of epilepsy	1 week age	
Chronic interstitial nephrits	8		1921	Run over by street car	1 week age	
Cerebral hemorrhage	buki 4	U V. 5	5. July 5,1927	Peritonitis	3 days ago	
1						
Other contributory caus	es of importan	ice:		Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	
					`	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA.

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLA

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CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Pa	- 1	0 2	5.3
U	Ä	5	1

1. PLACE OF DEATH	<u> </u>
County Dalchestell	Registration Dist. No. 116
Village or City Camberdal nd	No. St., Ward
Length of residence in city or town where death occurred yrs mos.	death occurred in a horpital or institution, give its NAIME instead of street and number) ds. How long in U.S. if of foreign birth?
C-14-11 11 11 11 1	8
2. FULL NAME 127 19 1 TAGE	St., Ward,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
fearle Calard singl	(Month) (Day) (Year)
6a. If merried, widowed, or divorced HUSBAND of	22. THEREBY CEATIFY, That I attended deceased from
(or) WIFE of Sigle	fiften as I guiante
6. DATE OF BIRTH (month, day, end year) Lec 8-1853	i lad sorth give in the 6/36/19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated ebove, at
82 9 2 1 or min.	The PRINCIPAL CAUSE OF DEATH and related courses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hard & Co. 10 - 246	And and toloughand
Kind of work done, as SPINNER, House Markets SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	a grissian para
CAW MILL PANK etc	Alexio Mosesso
O To Date deceased last worked at 3 mg/s 11. Total time (yeers) spant in this	
year)occupation	Other Contributory Crusts of importence:
12. BIRTHPLACE (city or town) Hullack mo	100
(State or country) 19 alkhit a	x graces
13. NAME Land Bruan 14. BIRTHPLACE (city or town). Dut known	Manne Como
14. BIRTHPLACE (city or town) A W (State or country)	What test confirmed diagnosis?
	23. If death was due to external cause (VIOLENCE) fill in also the sollowing.
15. MAIDEN NAME & Ckey Hughs 16. BIRTHPLACE (city or town) Lawrt Saw	Accident, suicide, or homicide
State or country)	Where did injury occur?
17 INFORMANT Robert hughs	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in IDME, or In PUBLIC PLACE.
(Address) Cambeld gl na	Office
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury
Place A and Way Date govern, 19.30	Nature of injury 12 11 12 11
19. UNDERTAKER Lewis HOS comme	24. Was disease or injury in eny way related to occupation of deceased
(Address) our world no	If so, specify
20. FILED 6 - 1930 Heres March	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause, Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis JUL 7 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREALI V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

See instructions on back of certificate.

AGE should be

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH				

1. PLACE OF DEATH	0191
County Dorchester	Registration Dist. No. 1
Village or Gity Frachvelle	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ventulla Johnson	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If conresident give city or towo and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Black OR DIVORCED (rapite the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of William, The web ey	22 1 HEREBY CERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) This 7. 1867	I fast saw had alive on the first said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, et am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, House Hork SAWYER, BOOKKEEPER, etc	Carcino Merris Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupetion (month end year)	
12 PURTURE ACT (city or farm) 500 - 1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Leorge Waters	
13. NAME Serge / alers 14. BIRTHPLACE (city of town)	Name of operation Dete of
(State or county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME //artha //right,	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William I husby (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL THE	Manner of injury
Place ele sa fruit o de fuito D, 1936	Nature of Injury
19. UNDERTAKER To Da Wallburghyling (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jane 15 1936 Chas W. Hastings	(Signed) JV 8. Tyruluman 1 M.D.
Registrar.	(Address)/Lhurptone 2005.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

should state item of infor-

PHYSICIANS

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

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TION is very important.

See instructions on back of certificate.

Exact statement

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(23)
County Dorchester	Registration Dist. No. 1/6
Village or City Jalum	NoSt., Ward
Length of residence in city or town where death occurred 15 vrs. was mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s
	mosds.
2. FULL NAME Usabelle Johnson	×
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	2 0 , 193 6
5a/f married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	1931, to June 20, 1931
6. DATE OF BIRTH (month, day, and year) 10 1970 7. AGE Years Months Oays If LESS than	I last saw have alive on a gall 1, 1934; death is said
1 day,hrs.	to have occurred on the date stated above, at 2545 _ m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Tendo profession en particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dulmoney Inthentions 12-1-35
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
spent in this	
year) occupation occupation	Other Cantributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
E M. I At C. St.	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Channel Was there an autopsy?
II A	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Elward Johnson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Policy Phy	Specify whether injury occurred in INDUSTRI, IN HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Isl Kanding, Modate 6-23, 1936	Nature of injury
19. UNDERTAKER Sewis St. Bayneum	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambridge. n.k.	If so, specify
20, FILED 6 - 2 2 1936 galery money	(Signed) Carrill M. D.
Registrar.	(Address) One recher Sh
UIf more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related/causes) of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUL 7 1030	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

N. B.

certificate.

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See instructions on back

TION is very important.

19. UNDERTAKER

(Addrass)

of OCCUPA.

Exact statement

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6153
1. PLACE OF DEATH	82-2
County Drichistu	Registration Dist. No. 116
Village or City Combudge	No. St. Ward
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foralgn bidth? yrs. mos. ds.
Length of residence in city or town where death occurred	sds. How long in U.S. if of foralgn bigth?
2. FULL NAME Court Reene	ORATE LIMITE
(a) hosidelice. Ho.	Uujvraiu.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m 'est single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	722. I HEREBY CERTIFY. That I attended daceasad from
(or) WIFE of	23 1936 to 23 1926
6. DATE OF BIRTH (month, day, and year) august > 8 1891	A last saw h realiva on June 23, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on tha data stated above, at 9:50 pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were as follows:
SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occurrent in this event in this event in this event.	Chapter (8-13-36
9. Industry or businass in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cambudge	Canal Comments Connected in Importance.
(Stata or country) The	
13. NAME Charle Kum	
13. NAME Charle Kunne 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clanus Was there an autopsy?
15. MAIDEN NAME Eliza Comper	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Comper 16. BIRTHPLACE (city or town) Complete (State or country)	Accident, suicide, or homicida? Date of injury 19
State or country)	Whare did injury occur?
17. INFORMANT Clovery Striles (Addrass) & Pine & Chember Las Mill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis JUL 7 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1921	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago
AND AND THE PROPERTY OF THE PR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

should state

PHYSICIANS

of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u> </u>	
County Dorcheste	r		Registration Dist. No. 1:	16
Village or City Salem	death occurred		NoSt.,death occurred in a horpital or institution, give its NAME instead of street and nods. How long In U.S. if of foreign birth?mos	
2. FULL NAME Annie (a) Residence: No. Salem,		nd.	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, O (write the word) E C.	21. DATE OF DEATH June, 19th (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of Late George (or) WIFE of Late	: Lankfi	tt	22. HEREBY CERTIFY, That I attended d 6/15/36 ,19 ,to June, 19th	1936
7. AGE Years Months 73 6	ec. 19t	h. 1862 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10:A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) Salem (State or country) Naryland			6/15	
		Other Contributory Causes of importance:		
H 13. NAME Robinson 14. BIRTHPLACE (city or town) (State or country)	Delaha Marylan	d.	Name of operation	NO
15. MAIDEN NAME Mary Jane Sellers 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Cambridge, Maryland.		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	, 19	
18. BURIAL, CREMATION, OR REMOVAL Place Vienna, Naryl	and 6/2		Manner of injury	
H. H. Willow 19. UNDERTAKER East New Ma 6/20/36 0. FILED		d., val	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Cambridge, Maryland	М. Г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage Date of onset 1915 Attack of epilepsy Run over by street car July 5,1927 Peritonitis	
Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5, 1927 Peritonitis	d related causes Date of onse
Cerebral hemorrhage July 5,1927 Peritonitis	1 week a
IUI 77 100C	1 week a
	3 days a
Other contributory causes of importance: Other contributory causes of im-	portance:
Gallstones May 1,1923 Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. II6

BINDING

MARGIN RESERVED

PHYSICIANS Exact PERMANENT CTL classified. × 9 properly UNFADING INK-THIS may so that plain terms, carefully DEATH -WRITE PLAI should OF

OCCUPA-1. PLACE OF DEATH County Dorchester plnods Village or City Cambridge, Md. 177+ Length of residence in city or town where death occurred _____yrs_____ statement 2. FULL NAME Stephen O. LeCompte If U. S. Veteran, specify WAR. Manual Stephen O. LeCompte (a) Residence: No. Vienna, Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE OR DIVORCED (write the word) White Male Widowed 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clara Brohawn. 3/25/1860 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Days If LESS than 1 day.____hrs. 76 or min. 8. Trade, profession, or particular kind of work done, es SPINNER ridge Operator SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which
work wes done, es SILK MILL, Vienna Bridge.
SAW MILL, BANK, etc. on 10. Date deceased last worked at 11. Totel time (years) this occupation (month and / 14/36 spent in this occupetion_ instructions Salem. Md. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Stephen B. LeCompte 14. BIRTHPLACE (city or town) Salem. (State or country) OTHER 15. MAIDEN NAME Clara Broham. very important. Dorchester Co. 16, BIRTHPLACE (city or town) ___ (State or country) 18. BURIAL, CREMATION, OR REMOVAL 6/23/36 CAUSE New Market TION 19. UNDERTAKER (Address)

No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? ______ yrs. _____ mos. _____ds. St. X Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH June 2Ist, I HEREBY CERTIFY. That I attended deceased from 22. to heve occurred on the detecteted above, at 9.05 mA The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Virgen What test confirmed diagnosis? Clarecel. Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) (Address) --- (-L-) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1 - V	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitict application of the second of the	1915	Attack of epilepsy ,	1 week ago
Chronic interstitial nephritis V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied. N. B.—WRITE PLAIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	1	5	Ť)	
0	A	V			

1. PLACE OF DEATH			(3)
County Dorchester			Registration Dist. No. // D
Village or City near Fine Length of rasidence in city or town where da		yrs, 2 mos	No
2. FULL NAME Burton			If U. S. Veteran, specify WAR
(a) Residence: No. Federal			
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	s. single, marr or divorced Marr	(write the word)	June 15 ¹¹ June 15 ¹¹ , ₁₉₃ 6 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Margaret A.	Milligs	ın	22. I HEREBY CERTIFY, That I attended daceased from 19.36, to 6/15, 19.36
7. AGE Years Months 70 2	pril 9'	I866 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at 3 - I 5 - Pm. M. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of oneset
12. Dikini LACE (oil) of town,	Farmer 11. Total tir spen occup chester	CO.	Other Contributory Causes of importance:
(State or country)	1111	Md.	
(State or country)	cheste		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Do	lda Muri orcheste	er Co.	(Specify city or town, county and State)
17. INFORMANT Mrs Burton (Address) Federals 18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Mo	burg, Md	18" ₁₉ 36	Specify whether injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE. Manner of injury
19. UNDERTAKER J.J.Frampton (Address) Federalsbu 20. FILED Januar 16 , 1936 Char	n & Son rg, Md,	stugs Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• 4869	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

stated EXACTLY.

Fract statement of OCCUPA-

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	<u> </u>
County Dorchester	Registration Dist. No. 1/4
Village or City Crasso	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Stelloom Grills	OI Wash
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX 4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (write the word) Still Born	
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I ettended deceesed from
(or) WIFE of	
6. DATE OF BIRTH (month, day, end yeer) June 24 1936	I last sew h alive on, 19; death is said
7. AGE Years Months Days If LESS tha	
f day,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Premature Birth
SAWYER, BOOKKEEPER, etc.	Ma Anctor in attendance
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Mo Do Clor in allendance
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and spent in this	
year) occupation	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) Corabo	
(State or country)	
13. NAME Elmer Mon Hells 14. BIRTHPLACE (city or town) le rape.	
f4. BIRTHPLACE (city or town) Le Rafe	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Georgia Levenia Hopwell 16. BIRTHPLACE (city or town) & akesville	23. If deeth was due to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury Octur? Where did injury occur?
0. 9 8	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT Llorge & Atthwell (Address) Sakiewill an	Specify whether injury occurred in thousand, in nome, or in touch tender.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parka neck Craps Octo June 24, 193	Nature of injury
19 HADERTAKER Levin mills	24. Was disease or injury in any way related to occupation of deceesed?
(Address) losapo ma	If so, specify
20, FILED June 24, 19 36 Juss W. S. Coulick	(Signed) Mrs W. J. Cousica M. D.
Local Registrat	(Address) Jakesville Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVEL	Duce of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephrois	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6158
1. PLACE OF DEATH	23)
County Drahaber Of	Registration Dist. No. 116
Village or City Cambel 1	NoSt., Ward death occurred in a horpital or inatilution, give its NAME instead of street and number)
Length of residence in city or the where death occurred	
2. FULL NAME I SONTICE AT MA	rlock MITHIN CORPORATE LINE
(a) Residence: No. 2 more alle -	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 16
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended decease from
	My 28 7 19 36 to June 30, 19 36
6. DATE OF BIRTH (month, day, and year)	I last saw it alive on
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
No. S. Frade, profession, or particular kind of work done, as SPINNER, Labole SAWYER, BOOKKEEPER, etc.	Typorulosis and
	The second
9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 11. Total time (years) / 0 this occupation (month and spent in this spent in this	- PM
0. Date deceased last worked at this occupation (month and year)	D 1934
· Carillanda	Other Confribntory Canses of importance.
12. BIRTHPLACE (city or town) / (Stata or country)	1 Tel fileway
13. NAME alonga molock	region with Reisoly
13. NAME (Cong a work) 14. BIRTHPLACE (city or town)	Name of operation of the Day of t
(State or country)	What test confirmed diagnosis was there and promise.
16. BIRTHPLACE (city or town)	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Deate of injury 200 Bate of injury 200 200
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Manual And March (Address) (7 aller) Caulb. 200	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cambridge Date GUGS, 1930	Nature of injury.
19. UNDERTAKER Glims HBelignin	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20, FILED 2-3, 19 5 Free Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones May		Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Jo

OCCUPA-1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidence in city or town where death occurred How long in U.S. if of foreign birth? statement 2. FULL NAME SI (a) Residence: No (Usual place of ebode) If nonresident give city or town and Stete Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 1936 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE If LESS than Days to have occurred on the date stated above, at. 1-day, __ 6 __ hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance min. Date of onset 8. Trade, profession, or particular NO kind of work dona, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..____ back plnods may 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation ____ instructions 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation. plain (State or country) carefully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important in. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ DEATH 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT OF 18. BURIAL, CREMATION, Manner of injury CAUSE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE (Address) If so, specify (Signed) (Address) O ambu If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	de la companya de la	Example II		
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Chronic interstitial nephrilis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	5	Other contributory causes of importance:		
Gallstones May 1,1923		Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Dorolester	Registration Dist. No. //6
Village or City Comments	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? Yyrs. mos. ds.
2. FULL NAME Bely fleer	If U. S. Veteran, specify WAR
(a) Residence: No. Orober 2	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Funde things fingle	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	9 18 1936 to 9 18 1936
6. DATE OF BIRTH (month, day, and year) June 18, 36	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.50 Am.
1 day,hrs. or o	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	well as
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	is No
10. Oate deceased lest worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city (rown) believe to least	
14. BIRTHPLACE (city or lown) bulling bed	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Andrews. Lef	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) bulles	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Comie Dlacum	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hobbino Baryland.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carebredge Oete 6 / X, 19 26	Nature of injury
19. UNDERTAKER Disposed Jon Krenieses	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 6 - 2 6, 1936 John mous	(Signed) T. Tecape M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephrals JUL 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
FATH		(VPP)		

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1. PLACE OF DEATH	<u></u>
County Dorchester	Registration Dist. No. 116
Village or City Cambridge	Comb. Med. Hospittal St., Ward
Length of residence in city or town where death occurred # yrs. # mos	death occurred in a hospital or institution, give its DAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Infant Slacus	n Aaro,
(a) Residence: No. 1824 Wallie (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 3/-/936	I last sawhern alive on Santa J 192 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10-10-m.
# # 4 1 day, # hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	Melectaria May 01
SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration work was done, es SILK MILL, SAW MILL, BANK, etc.	
O 10 Date deceased last worked at this occupation (month end year) to ccupation	
12. BIRTHPLACE (city or town) MA	Other Contributory Causes of Importance:
(State or country)	Chemasurity - 7 mos
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leona Slacum 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Leona Glacum (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL Place James 3 19 3 6	Manner of injury
17 1 E N/11 //	Neture of injury
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 6 /3/ 1936 Johnson Rejistrar.	(Signed) Dr. M. Ohrever M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage BUREAU V S	July 5,1927	Peritonitis	3 days ago
	U		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

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te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6163
state	1. PLACE OF DEATH	99
ould occ	County Norchester	Registration Dist. No.
item of should of OCC	Village of City Combridge (If	New Stern Thate State Assistant Ward death occurred in a hospital or institution, give its NAME instead of street and number)
* Part		22 ds. How long in U.S. if of foreign birth?yrsmosds.
Every SIANS ement	2. FULL NAME Mary E. Smeltser	If U. S. Veteran, specify WAR
COKD. Every PHYSICIANS act statement	(a) Residence: No. Perry vell (Valaplace of abode)	St., Ward. If nonresident give city or town and State
CO PH ret	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r RECO Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH 147h 103 6
5 .1.	Temale While Showed	(Month) (Day) (Year)
AN A C ssif	5a. If marriad, widowed, or disgreed HUSBAND of (or) WIFE of Towns The state of t	22. I HEREBY CERTIFY, That I attended deceased from Delember 12 1935 to June 14 193
EX cla	6. DATE OF BIRTH (month, day, and year) Office 17 1855	Hast saw held alive on June 114 Has 6; death is said
P ly	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at. 8.20.P.m.
IS A stated proper	8/ / 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	2 Trade profession or particular	
HIS be be of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Berebralarterio - selerares 193
nay may	9. Industry or business in which work was done, as SILK MILL,	0
	SAW MILL, BANK, etc	
IG INF AGE sh that it ons on	this occupation (month and 1932 spent in this occupation year)	me
NFADING pplied. AGI erms, so tha instructions	Persua Ilo	Other Contributory Canses of importance:
d. so	12. BIRTHPLACE (city or town) (Stata or country)	
UNFA supplied n terms, ee instri	I 13. NAME Williams Donghoo	
	14. BIRTHPLACE (city or town) Perry Tilles	Name of operation Date of
T -= 70	(State or country) marayland.	What tast confirmed diagnosis? Was there an autopsy?
carefully (H in pla	15. MAIDEN NAME Empline Whate	23. If death was due to external causes (VIOLENCE) fill in also the following:
INCY, WI be careful EATH in p important.	5 16. BIRTHPLACE (city or town) Terryvelle	Accident, suicide, or homicide?
be carried	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINEY, hould be can OF DEATH very import	17. INFORMANT State Coop. Vecar	Secify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Chryndle mel Date home 16/, 1936	Nature of injury.
-WRITTE mation s CAUSE TION is	10 HINDERTAND D. POTT	24. Was disease or injury in any way related to occupation of deceased? An D
TESE	19. UNDERTAKER U. V. AUGUSTON (Address) Proposition and	If so, specify A
m C	20 5450 6-15 3 Chiles 24000) is	(Signed) : Trarles sakeling M. D
z (\)	20. FILED Registrar.	(Adgress) Sameringe- mo.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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PHYSICIANS

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CAUSE OF DEATH in plain terms,

very important.

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17. INFORMANT

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S. No.

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statement

Exact

1. PLACE OF DEATH

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STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
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F DEATH	6164
Registration Dist. No. //	0
St., give its NAME instead of street a	Ward number)

from

County Dorchester	Registration Dist, No. // O
Village or City Beulah,	No. St., Ward
Length of residence in city or town where death occurred 52_yrsmo	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Martina Smith,	If U. S. Veteran, specify WAR
(a) Residence: No. Hurlock, Md. R.F.D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	June 15"	, 193 36 Dey) (Year
5a. If merried, wid HUSBAND of (or) WIFE of		Smith	22. HEREB	CERTIFY. The	

6. DATE OF				1884	I last saw h alive on No lucul, 19 ; deeth is said
7. AGE	_	Months		If LESS than	to have occurred on the date stated above, at I=30-A-M
	25	Mo & Day	unkno	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
5	8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE-V			work	Death- Did not attend
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					Decored- Had no play-
	e deceased last this occupation (11. Total tir	me (years)	Cook ble a par loss Dente interted

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and) spent in this, a Duration: not stated occupation_ Other Contributory Causes of importance:

12.	State or coun	, 01 10111/	vore	enester Co	Md	-	
ER	13. NAME	Milbour	rne	Hardcast]	Le,		
FATH	14. BIRTHPLACE		Do	rchester	Co.	Name of operation	Date of

(State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER Unknown Jane 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following:

16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Epion Smith Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Hurlock, Md (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury ashington Cem Wite

Nature of injury_____ 24. Wes disease or injury in any wey releted to occupation of deceased?_____ J.T. Framptom & Son. 19. UNOERTAKER

(Address) If so, specify (Signed) (Address) _ Oo _ reg (0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 Fuly 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:		

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N. B.—WRITE PLAN, Y. WITH UNFADING INK—THIS IS A PERMANENT RECOLD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0 6165
County Drichester	Registration Dist. No. 17 6
Village or City Cambulge	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Frank Stewart	"I HIN CORRO
	I THIN CORPORATE LIMITS OF
(a) Residence: No. 5°/ B O (Usus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mole evelved widewed	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Kachiel Stewart	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (unknown 863	I last saw have alive on 21, 19.36; death is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at \$140 p.m.
7 3 Laday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were, es follows:
8. Trede, profession, or particular kind of work done as SPINNER	Chr. Ayrenditis Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Coronal Shromben 6.72.36
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spent in this	
year) spent in this occupation 3 0	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Muknauh	
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown	Name of operation
(State of Country)	What test confirmed diagnosis? Climed Wes there an autopsy?
15. MAIDEN NAME Prancy Stewart	23. If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) State Alexander (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bethel Cenetary Date June 25, 1936	Nature of injury.
19. UNDERTAKER Levis Al Pacinon	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED 6-24, 1936 John Men	(Signed) Cansu M AClau M. D. (Address) Can Teler &
Registrar. If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis . III 7 1006	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPFAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

1. PLACE OF DEATH	MAKILAND	CERTIFICATE OF DEATH	
County Porcheste		(52.0)	1
	1	Registration Dist. No	
Village or City 320 1	ween	NoSt.,	wmber)
Length of residence in city or town where dea		sds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME laught	11 Thom	bean	
(a) Residence: No.		St Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
male white	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	J. Thompson	22. I HEREBY CERTIFY, That I attended No terrie 19 to ho time	
6. DATE OF BIRTH (month, day, and year)	30 1844	I last saw harria alice on 6/2 7/3 6, 19	
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 4 Pm.	
90 16	1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importanca	1011
8. Trade, profession, or particular kind of work dona, as SPINNER CALSAWYER, BOOKKEEPER, etc.	L. n	Supposed Simility V	Oate of or
9. Industry or business in which			
SAW MILL, BANK, etc.	11 Total time (vears)	Did not see decored with	
O 10. Oata deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	after death	-
7-	0	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)		,	
13. NAME Parel B	Thombson		
E /	0/	Name of operation	-
4 14. BIRTHPLACE (city or town) (State or country)	10/2	What test confirmed diagnosis? Was there an e	outoney?
15. MAIOEN NAME //argret	- went	23. If death was dua to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	20	Accident, suicida, or homicide? Oate of Injury	
E (State or country)	160	Where did injury occur?	
17. INFORMANT Allie of ho (Address)	Melon	(Specify city or town, county and State Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL.	ACE.
18. BURIAL, CREMATION, OR REMOVAL	M	Manner of Injury	
Place Hurling	Oata (192 (193 (Nature of injury	
19. UNDERTAKER AB Will	du glylen	24. Was disease or injuty in any way related to occupation of deceased?	
(Address) Jours	AR	If so, specify Alage Myers	
20, FILED June 29, 19 36 Cha	s W. Hustings	(Signed) Ho whow mid	
	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	Zampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUPPAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred How long In U.S. if of foreign birth?___ If U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, of divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months 1 day,hrs. CAUSE OF DEATH and related causes of importance or _____min. Oate ol enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ___ (State or country) What test confirmed diagnosis?_ Was there en autopsy?_ OTHER 15. MAIOEN NAME 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town)_____4 (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Address)

Isomore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR MARGIN RESERVED

S. No. 1

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 7 1936			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer, (gestate occupation at beginning of illness. If retired from or given up ou account of the disease causing bearn, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Coal minc, etc. Womer," etc., without more precise specification as Never return "Laborer;" "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, eupation is very important, so that the relative healthtired 6 grs.). For persons who have no occupation Housemuid, etc. If the occupation has been clianged (a) Foremen, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "eontributory." and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inauition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignaut neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of uuqualified, is indefinite); Tuberculosis of lungs, mentrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely ean be ascertained as the eause. "Uraemia," "Weeknes.." etc., when a definite disease (name origin; "Caueer" is less definite; avoid Nomeuclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; Poisoned by carbolic acid-probably suicide. The na-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Always qualify all "Coma," (seeond-(disease "Conetc.

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

TION is very important.

	2 2 Z	V.S. No. 1 N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS	PL			WITH	MARGIN RESERVED I UNFADING INK-THIS	NI O	で で ここと	SE N	RVI TT	
		mation should be carefully supplied. AGE should be	should	l be	care	fully	supplie	d.	AGE	sh	pluo	he
1	(-	CAUSE OF DEATH in plain terms, so that it may be	OF L	EAT	H i	n plai	n terms	s, So	that	it	may	be

STATE OF MARYLAND-CERTIFICATE OF DEATH

6169

	L. PLACE OF DEAT	ГН			(131)	
	County Dorche	ster			Registration Dist. No. II	6
	Village or City C	ambridge	e, Md.		ND. X SI	.,Ward
					death occurred in a hospital or institution, give its NAME instead of stree	t and number)
					ds. How long In U. S. if of foreign blrth?	mosos.
-	2. FULL NAME				If U. S. Veteran, specify WAR 100	
	(a) Residence: No	I4 Ple	asant 51 (Usual place o	f abode)	St., 4 Ward. If nonresident give cit? or tow	n and State
	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	TH .
		n or mace	5. SINGLE, MARR OR DIVORCED Widov	IED, WIDOWED, (write the word) VO C	21. DATE OF DEATH June I2th, (Month) (Day)	093 6 (Year)
-	HUSBAND of Late (or) WIFE of	Henriet	ta Hurle	ey.	22. I HEREBY CERTIFY, Thet I atte	ended deceased from
6.	DATE OF BIRTH (month, day	y, end year) 9	/23/1859	9	Mast saw ham alive on June 12 19	36; death is said
7.	AGE Years	Months	Deys	If LESS than	to have occurred on the dete stated above, at II. 30 m.A. M.	•
	76	8	I9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOI	Trade, profession, or pa kind of work done, SAWYER, BDDKKEE	articular as SPINNER, Re PER, etc.	nt Coll	ector	Chronic myo condition	Date of one of
CCUPATION	9. Industry or business in work was done, es S SAW MILL, BANK, o	BILK MILL, etc	House		acute myrrardeal faile	re 6-12.
0	10. Date deceased last wor this occupation (mo year)	rked at nth end 6/6/	36 . 11. Total tir	ne (years) IO tin this IO pation	7	
12	BIRTHPLACE (city or town) (State or country)	Reids	Grove,	Md.	Dther Coutributory Couses of importance:	
HER	13. NAME Not I	nown			Misonie Defore nepore	les .
FATHER	14. BIRTHPLACE (city or to (State or country)	own): ``X			Name of operation Dat What test confirmed diagnosis? Cluster Was the	re an autopsyle
IER.	15. MAIDEN NAME	Not Kn	lown		23. If death was due to external causes (VIOLENCE) fill in also the fol	lowing:
MOTHER	16. BIRTHPLACE (city or to	own)	x		Accident, suicide, or homicide? CO Date of injury Date of injury Occur?	19
17	INFORMANT Mrs	Allen Hu			(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE.
18	BURIAL, CREMATION, OR F		Date 6/I	4/36,19	Manner of injury	
19	(Address)	ville S. Cambride	LeComp ce, Md.	te	24. Was disease or injury in any wey related to occupation of deceese	0720
20	FILED 6-13,	1936 /1		Registrar.	(Signed) Game on ge Ma	M. D.
		If more l	lanks are needed, as	Idress State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis L. VED	1915	Attack of epilepsy	1 week ago
Comband by Company of the Company of	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 7 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. County Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?___ statement WITHIN CORFORATE LIMITS OF If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT maluil 5a. If married, widowed, or divorce HUSBAND of That I attended deceard from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than stated 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Jo SAWYER, BOOKKEEPER, etc. back Industry or business in which work was done, as SILK MILL may should SAW MILL, BANK, etc ... 10: Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that occupation _. instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER See 14. BIRTYPLACE (city or town) (State or country) carefully What test confirmed diagnosis? . C MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT OF Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis JUL 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السبب		

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)	
County Assertes	Registration Dist. No.	
Village or City Scaperacele me	No St.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and nosds. How long In U.S. if of foreign birth?yrsmo	
Length of residence in city of town where death occurred.	2	73
2. FULL NAME	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR-RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH)	1
male white OR DIVORCED ("write the word)	(Month) (Day)	, 193 (Yaar)
5a. If married, widowed, or divorced	(month) (bay)	(1001)
HUSBAND of Jules Meekenee	22. HEREBY CERTIFY, That I attended	
12/1-/1021	71, 1936, to June 27	
6. DATE OF BIRTH (month, day, and year) 7/5/187/ 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 1936	>; death is said
1 day hrs		
64 6 12 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc.	Cardio Renal Jasular	
9. Industry or business in which	10	2040
work was done, as SILK MILL, SAW MILL, BANK, etc.		Jun
11. Total time (years) this occupation (month and 72/ spent in this		
yaar) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	-	
(State or country)	- anis Deempensalin	60 min
II 13. NAME Edward (L)		
14. BIRTHPLACE (city or town) 15 or services mid	Nama of oparation Date of	
(State of country)	What test confirmed diagnosis? Was thera an a	
II 15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 60 22 A BOO DE COUNTY 16. BIRTHPLACE (city or town) 30 W 50 DE COUNTY 16. City or country 16. City or country 16. BIRTHPLACE (city or town) 30 W 50 DE COUNTY	Accident, suicide, or homicida? Data of Injury	, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State	le)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) 18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury	
Motorprovelle Mil 9/28 136	Nature of injury	
esto it	24. Was disease or injury in any way related to occupation of deceased?	
19, UNDERTAKER (Address)	If so, specify	
2 12: 022 1	(Signed) & ames w. Maade	M, D.
20. FILED June 27, 1936 James V. Musky. Registrar.	(Address) Fisling Cuele mil	
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	